

## Seattle and King County EMS 2005 Patient Care Guidelines Revision Summary

The following is a summary of the revisions found in the January 1, 2005 release of the *Seattle and King County Patient Care Guidelines* (PCG). It compares the current release with the previous release (1/2002). This document is meant to be a synopsis of the changes and not a comprehensive description of all changes. You should review the PCG document in its entirety using the following as guide.

Topic	Description of Revision	Page
Sick/Not Sick	All EMTs are now encouraged to incorporate the SICK/NOT SICK approach in their patient assessments. The PCG provides a brief overview of SICK/NOT SICK.	10 - 17
ALS Indicators	The PCG now has a two-page summary of all ALS Indicators—conditions that require a medic response. Specific ALS Indicators for some conditions have been changed and are listed under each condition below.	18 - 19
Cardiac Arrest	<p>A summary of the changes to the cardiac arrest protocol follows:</p> <p>For initial analysis:</p> <ul style="list-style-type: none"> <li>• <i>After delivering one shock, immediately begin 2 minutes of CPR.</i></li> <li>• <i>If no shock indicated, immediately begin 2 minutes of CPR.</i></li> </ul> <p>After 2 minutes of CPR, reanalyze the rhythm:</p> <ul style="list-style-type: none"> <li>• <i>If a shock is indicated, immediately deliver a single shock.</i></li> <li>• <i>If no shock is indicated, immediately <b>check pulse</b>. If no pulse, then begin 2 minutes of CPR.</i></li> </ul>	22 - 23
Epinephrine (EpiPen)	<p>The protocol for deciding when to administer epinephrine via EpiPen has been simplified. Now any patient with a prescription for epinephrine, regardless of age, may receive it for anaphylaxis. In addition:</p> <ul style="list-style-type: none"> <li>• <i>Patients less than 18 years of age with no prescription may receive it with permission from parent or legal guardian.</i></li> <li>• <i>EMTs may now consult local medical control for assistance in making the decision whether or not to administer the drug.</i></li> </ul>	24
Glucometry	Blood glucometry is within the scope of practice for EMTs. EMTs must complete initial training in glucometry before applying this skill (see CBT Online). This is an optional protocol and it is up to individual EMS agencies to decide whether or not to use it.	26 - 27
Pulse Oximetry	Pulse oximetry is within the scope of practice for EMTs. EMTs must have initial training in pulse oximetry before applying this skill (see CBT Online). This protocol is optional to EMS agencies.	28 - 29
Reportable Exposures	This new section has been included to provide more guidance on bloodborne exposures, including a definition of <i>reportable exposure</i> and general steps to take following an exposure.	30
Altered LOC	<i>Hypoglycemia with decreased LOC and drug or alcohol related seizures</i> have been added as ALS indicators. There have been other adjustments, for example, a defined time period of <i>15 minutes or more in postictal period</i> vs. not regaining consciousness between seizures and <i>signs and symptoms of shock</i> vs. hypotension.	32

Asthma	A new ALS indicators for asthma is: <i>Sustained tachycardia (persistent heart rate of 100-120 or greater per minute depending on clinical setting)</i>	35
Burns	This section has been added to give EMTs more guidance on assessment and treatment of burn injuries.	38
Chest Discomfort	<p>The ALS Indicators in this section has changed significantly including: <i>Use of nitroglycerin, signs and symptoms of shock such as poor skin signs and sustained tachycardia and hypotension</i></p> <p>In addition, the ALS Indicators now emphasize: <i>discomfort or unusual sensations for those 40 years old or greater or with a history of heart problems.</i></p> <p>A new <i>Special Instructions</i> section has been added that directs EMTs to be aware of atypical findings seen in the elderly, women and diabetics.</p>	39 - 40
Cold-Related	The hypothermia cardiac arrest protocol has been eliminated. Follow standard cardiac protocols for hypothermic cardiac arrest.	44
Congestive Heart Failure	Added ALS indicator <i>unable to lie flat.</i>	46
Diabetic	<p>ALS Indicator added: <i>Sustained tachycardia.</i></p> <p>Revised BLS indicator: <i>gag reflex intact, as indicated by swallow.</i> EMTs should check gag reflex by asking the patient if he or she can swallow. Do not check a gag reflex by putting a tongue depressor against the back of the throat.</p> <p>New variation in BLS care: <i>If hypoglycemic and patient is unable to swallow, position on side, give oxygen, ventilation and await paramedics.</i></p> <p>Revision of instructions for leaving patient at the scene: <i>Patients with hypoglycemia who have responded to oral glucose may be left at scene (see page 27). These patients must have a repeat glucose level documented and after-care instructions must be left with the patient.</i></p>	48 - 49
Drowning (Scuba Diving)	Revised BLS care for SCUBA-related injury: <i>Position patient flat (supine) to avoid cerebral edema</i> whereas it use to be “Position patient on left side with head and chest lower than feet to prevent air bubbles from moving to lungs, heart and brain (heart down, head down).”	52
Gynecologic	<p>ALS Indicators added:</p> <ul style="list-style-type: none"> <li>• <i>Sustained tachycardia (persistent heart rate 100-120 or greater per minute depending on clinical setting)</i></li> <li>• <i>Possible ectopic pregnancy</i></li> </ul>	55
Head and Neck	<p>Revised care for suspected c-spine injury when wearing a helmet:</p> <ul style="list-style-type: none"> <li>• <i>As long as the airway is not affected and remains patent AND the c-spine can be secured in an neutral, in-line position, leave football and motorcycle helmets on.</i></li> <li>• <i>All other non-fitted helmets may be removed as soon as possible (e.g., bicycle helmets, skateboard helmets, rollerblade helmets).</i></li> </ul>	57
Heat-Related	ALS Indicator added: <i>Sustained tachycardia.</i>	58

Orthopedic	<p>New ALS indicators: <i>open fractures except for hands and feet, high index of suspicion based on MOI, and contact medics for severe pain</i></p> <p>Refined realignment of long-bone fractures: <i>Long-bone fractures, which occur in the proximal or distal 1/3, that may or may not involve a joint, may be realigned if compromise of distal circulation or nerve function is detected and definitive care is delayed.</i></p> <p>New BLS care for pelvic fractures: <i>Sheet splinting</i></p>	65 - 67
Respiratory	ALS Indicator added: <i>Sustained tachycardia.</i>	70
Seizures	<p>ALS Indicators added:</p> <ul style="list-style-type: none"> <li>• <i>Multiple seizures (status seizures)</i></li> <li>• <i>Drug and alcohol associated seizures</i></li> <li>• <i>Defined a time frame for the postictal period of greater than 15 minutes.</i></li> </ul>	72
Stroke	Minor modifications to ALS Indicators.	78
Admin of Meds (Nitro)	Revised conditions for assisting with nitroglycerin: <i>The patient should not have taken Viagra or Levitra within the past 24 hour or Cialis within the past 48 hours.</i>	83
Bag-Valve Mask	FATS technique is now referred to as the <i>One EMT Technique.</i>	92
Dressing and Bandaging	Revised BLS Care: <i>Cover eviscerated abdominal contents with a large multi-trauma dressing soaked with sterile saline. Then apply an occlusive dressing, if available, to retain heat and moisture. PCG used to direct EMTs to not moisten the dressing.</i>	96 - 97
Noxious Stimuli	There are now only two approved methods for delivering a noxious stimulus: <i>Firm earlobe pressure and firm pressure behind earlobe.</i>	102
Oxygen Delivery	For King County COPD patients (non-Seattle FD): EMTs have the option of using a nonrebreathing mask if a nasal cannula at 4 L/min is inadequate.	106
Patient Restraint	Change in technique so that now you should tie one arm high and the other arm low: <i>One arm secured high above the head and the other low at the patient's side and both secured to the backboard or stretcher.</i>	113 - 114
Postural Vital Signs	<p>Added contraindication: <i>Patient with suspected cardiac chest pain</i></p> <p>Posturals procedure has been changed so that you no longer check the vital signs in three positions, only two: supine/sitting and standing.</p> <p>Positive findings have been redefined as follows:</p> <p>NEW: <i>Increase in pulse of 20/minute or more and/or a 20 mmHg or more drop in systolic BP from supine to standing with associated symptoms</i></p> <p>OLD: <i>Decrease in systolic blood pressure of 30 mm/Hg or more from supine to sitting or standing. Systolic blood pressure of less than 90 mm/Hg in sitting or standing position</i></p>	115 - 116